PTO/SB/21 (09-04)

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ENCLOSURES (check all that apply)											
X Fee Transmittal F	огт		Drawing(s)			After Allowance Communication to TC					
X Fee Attached		Licensing-related Papers				Appeal Communication to Board of Appeals and Interferences					
X Amendment / Reply		Petition				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
X After Final		Petition to Convert to a Provisional Application				Proprietary Information					
X Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund				Status Letter					
X Extension of Time Request					X	Other Enclosure(s) (please identify below):					
Express Abandonment Request					•	Request for Continued Examination (2pp.)					
Information Disclosure Statement		CD, Number of CD(s)			•	• Check for \$905.00					
		Landscape Table on CD									
Certified Copy of Priority Document(s)		Remarl	ks								
Response to Missing Parts/ Incomplete Application											
Response to Missing Parts											
Under 37 CFR 1.52 or 1.53						•					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm Name	The Webb Law Firm										
Signature	gnature 7										
Printed Name John W. McIlvaine											
Date	Reg. No. 3			34,219	4,219						
CERTIFICATE OF TRANSMISSION / MAILING											
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Signature XQQ X. Willer											
Typed or printed name	er				e October 30, 2006						

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)				Complete if Known										
FEE TRANSMITTAL				Application Number		10/705,536								
	Filing Dat	te	November 10, 2003											
Fo	First Nam	ed Inventor	Daniel K. Gibby											
X Applicant claims	Examiner	Brian L. Swenson												
	Art Unit	3618	3618											
TOTAL AMOUNT O	F PAYMEN	<u>(\$)</u>	905.00	Attorney	Attorney Docket No. 4263-031577									
METHOD OF PAYMENT (check all that apply)														
X Check Cre	X Check Credit Card Money Order Other (please identify):													
X Deposit Account Deposit Account Number: 23-0650 Deposit Account Name The Webb Law Firm														
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)														
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee														
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FEE CALCULATIO	N _													
1. BASIC FILING, S	EARCH, A	ND EXAMI	NATION FEES											
	FILING FEES SEARCH F				EES EXAMINATION FEE									
Application True						mall Entity		F	D.::4 (6)					
Application Type	Fee (\$)	Fee (\$)		<u>'ee (\$)</u>	Fee (\$)	Fee (\$)		rees	Paid (\$)					
Utility	300	150		250	200	100	_							
Design	200	100	100	50	130	65	-							
Plant	200	100	300	150	160	80	_							
Reissue	300	150	500	250	600	300	_							
Provisional	200	100	0	0	0	0	_							
2. EXCESS CLAIM	FEES						-			Small Entity				
Fee Description									Fee (\$)	Fee (\$)				
Each claim over 20 or, for	•			٠.					50	25				
Each independent claim	t claim more	than in the o	riginal pat	ent		200	100							
Multiple dependent cla			477.1						360	180				
<u>Total Claims</u> - 20 or			Fee Paid (\$)				Multiple Dependent Claims Fee (\$) Fee Paid (\$)							
HP = highest number of		d for, if greater	than 201		_	<u>ree (</u>	<u>31</u>	ree raiu (<u> </u>					
		a Claims		F D-:4 (6)			—		_					
Indep. Claims - 3 or 1		<u>i Ciaims</u>	Fee (\$)	Fee Paid (\$)										
HP = highest number of ind		s paid for, if gr	eater than 3	<u> </u>	- .									
3. APPLICATION S	IZE FEE													
If the specification	and drawings							or small enti	ity)					
for each additi	onal 50 shee	ts or fraction	thereof. See 35	U.S.C. 41(a)	(1)(G) and 3	7 CFR 1.1	6(s).							
Total Sheets	Extra SI		Number of ea	ach additior	al 50 or frac	tion there	<u>eof</u>	Fee (\$)	<u>F</u>	ee Paid (\$)				
- 100	= 0	/ 50 = .	0	_ (round up	to a whole nun	nber)	x		- =					
4. OTHER FEE(S) Fee Paid (\$)														
Non-English Specification, \$130 fee (no small entity discount)														
Other: RCE and	d Three Mon	th Petition fo	or Extension of Ti	me					_	\$905.00				
SUBMITTED BY	1.0													
Signature	7	~		Registration 1 (Attorney/Ag			Telepho	one 412-	471-8815					
Name (Print/Type)	Inn W.McII	vaine		· · · · · · · · · · · · · · · · · · ·			Date	Octo	ber 30, 20	006				

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